

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date			
						<i>10/1786348</i>					
						Applicant(s)					
<i>9-21-04</i>											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
4							54				
5							55				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			<b>3</b>				Total Indep				
Total Depend		<b>11</b>					Total Depend				
Total Claims			<b>14</b>				Total Claims				

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